

CLAIMS ONLY

Application Number:

" Filling" Date

10/6/4, 5, 7, 1

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED #519102		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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48						
49						
50						
Total						
Indep	6					
Total Depend.	4					
Total Claims	10					